

## Merchants and Planters Bank Business Account Worksheet

**Instructions:** Please fill out a form for the entity. If business is a Sole Proprietorship, please complete the *Consumer Worksheet* found *here*. Once you complete the form in its entirety, save it and send it to us using one of the secure methods listed on *this page*. A Customer Service Representative will contact you shortly. Additional documentation and identification may be required from the entity and any signers.

ENTITY INFORMATION								
Full	Legal Name of Entity	Type of Entity						
Fede	eral Taxpayer ID #	State of Registration or Incorporation						
Phys	sical Street Address	City		S	State		Zip	
Mailing Address		City		S	State		Zip	
		Other PhoneBusi			Busines	iness Fax		
E-mail AddressNature of Business								
ACCOUNT INFORMATION								
Account Type		Initial Deposit Amt Source of Initial Deposit						
List	All Signers of the Account *							
* Each signer for the business account will need to fill out a separate <i>Consumer Worksheet</i> found <u>here</u> .								
VISA® BUSINESS DEBIT CARD		NETTELLER SERVICES – ONLINE BANKING						
Do you want a VISA <sup>®</sup> Debit Card		Do you want access to NetTeller Services – Online Banking? <sup>2</sup> YES NO						
or Shazam ATM Card with your new account? <sup>1</sup> YES NO		Account Restrictions         Complete this section ONLY if you want restrictions on your account. Check only one box. <sup>3</sup> View Only				Additional Services Free Bill Pay – Access FREE Bill Pay through your NetTeller Online Banking account after logging in. Online Stop Payments <sup>4</sup> (Stop		
		SERVICES REQUIRED				payment fees will apply.)		
Please list any services your business anticipates needing.         Debit/Credit Card Processor       Payroll Processing         Remote Deposit Capture       Wires         Other								
EXPECTED TRANSACTIONS								
DEPOSITS	Est. Number of Monthly Dep Source of Common or Freque Average Amount of Cash Dep	ent Deposits		List any recurring incoming or outgoing wire activities that you anticipate. Please include information about international wires if applicable.			lease	
CHECKS	Est. Number of Checks Per N Average Total Dollar Amount		_	WIRES				
CURRENCY	Types of Currency Handled b Est. Cash Taken in Per Month Est. Currency Exchange Activ	n <u>\$</u>	_					

BENEFICIAL OWNERSHIP					
In the first column, please list any natural persons who own 25 percent or more of the equity interest of the above legal entity. In the second column, please provide information for one natural person with significant responsibility for managing the legal entity. This person may also be an owner.					
Natural Persons Owning 25% of More Interest in the Entity (Beneficial Owners)	Individual with Significant Responsibility of Managing Entity (Control Person)				
1.	1.				
2.					
3.					
4.					
CANNABIS-RELATED BUSINESS (CRB) QUESTIONS					
	Is your business a marijuana-related, hemp-related, or CBD-related industry?				
2. Does your business do any business with cannabis-related b	usinesses?				
MONEY SERVICES BUSINESS (MSB) QUESTIONS					
<ol> <li>Will the business cash checks for individuals? YES NO</li> <li>If yes, will the business cash checks over \$1,000 for any one customer in a single business day? YES NO         <ul> <li>If yes, the customer will have to (1) file with FinCEN to become a "Money Service Business" and (2) fill out the following Supplemental MSB Information and Questions section.</li> </ul> </li> </ol>					
SUPPLEMENTAL MSB INFORMATION AND QUESTIONS					
<ol> <li>Do you own or operate ATM machines?</li> <li>YES NO</li> <li>Does customer cash checks &gt; \$1,000, issue monetary instruments or originate money transmissions on behalf of other parties?</li> <li>YES NO If yes, please describe.</li> </ol>					
3. Is business registered with FinCEN?	<b>NO</b> If yes, attach FinCEN acknowledgement.				
4. Is business registered with the State? YES	<b>NO</b> If yes, attach documentation from the Secretary of State.				
<ol> <li>Is the business acting as an agent for another company?</li> <li>a. What is the target market for the business?</li> </ol>	Is the business acting as an agent for another company? <b>YES NO</b> a. What is the target market for the business?				
6. Does the business have its own Anti-Money Laundering Pro					
7. Is the plan in writing?					
8. Does the plan outline OFAC procedures?					
9. Does the plan address Suspicious Activity Reporting?					
DISCLOSURES					

<sup>1</sup> VISA® BUSINESS DEBIT CARD By checking "YES" and signing below, I agree to Merchants and Planters Bank's Debit Card Holder Agreement and request that Merchants and Planters Bank Check Card(s) be issued on my/our account.

<sup>2</sup> **NETTELLER SERVICES – ONLINE BANKING** By checking "YES" and signing below, I am applying for NetTeller Services provided by Merchants and Planters Bank. I have viewed/will view the Online Banking Agreement and Disclosure. I agree to all terms and conditions as presented in the Online Banking Agreement and Disclosure and understand my rights and responsibilities. <sup>3</sup> Certain account types may automatically be restricted at the Bank's discretion. <sup>4</sup> Stop Payment requests submitted online are valid for 14 days. You must sign and submit request in writing for Stop Payments to remain in effect past 14 days.

APPLICANT SIGNATUREAPPLICANT SIGNATURE	DATE DATE				
FOR BANK USE ONLY					
ACCOUNT OPENING INFORMATION Account # CSR Branch # Date Opened	VISA® DEBIT CARD         Card #       Exp Date         Image       PIN Offset         Loaded in Shazam       Activated       Core Field:       57				
CIP REQUIREMENTS  Entity Documentation Requirements Met Two Forms of ID on Beneficial Owners & Controlling Manager OFAC Checked on Entity, Beneficial Owners, & Controlling Manager	NETTELLER         NetTeller ID #         Temp. Password				